Name in Full: William J. Barnick

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Chesapeake City (County) Cecil

Date of death 1904	Month	Day	Age	Years	Months	Days
	1	13		69	6	

Sex: Male

Color or Race: White

Birthplace: Maryland

Married, ~~Single or Widowed~~

Occupation: Merchant

Name of Wife or Husband: Sarah E. Barnick

Father's Name: Wm Barnick

Father's Birthplace: Md

Mother's Maiden Name: Mary Means

Mother's Birthplace: Md

Name of person giving information: Mrs Sarah E Barnick

How related to deceased: Widow

TO BE ANSWERED BY NEAREST FRIEND

104

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarrhal Gastritis — How long: 16 Months

Immediate: Heart lesion — How long: 4 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W C Kasnes

Address: Chesapeake City

~~Accident or Suicide?~~

LIBRARY BUREAU ARE 5 6

Name in Full: Lenard Charles Bender

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Deposit — County: Cecil

Date of death 190: Month: Jan — Day: 27 — Age: Years: 2 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Port Deposit

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Alford Bender — Father's Birthplace: Philadelphia

Mother's Maiden Name: Mary J Bender — Mother's Birthplace: Port Deposit

Name of person giving information: Mary J Bender — How related to deceased: Mother

175

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Perished by Act of Fanes — How long: 4 hours

Immediate: Convulsions — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H E Clemson

Address: Port Deposit

Accident ~~or Suicide?~~

LIBRARY BUREAU A86516

Name in Full: William W Bladen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Deposit; County: Cecil

Date of death 1904: Month: Jan; Day: 29th; Years: 36; Months: ; Days:

Sex: Male; Color or Race: Colored; Birthplace: Md

Married, Single or Widowed: widower; Occupation: Laborer

Name of Wife or Husband:

Father's Name: Richard J Bladen; Father's Birthplace: Maryland

Mother's Maiden Name: Rachel Jane Bladen; Mother's Birthplace: "

Name of person giving Information: Richard J Bladen; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption; How long: 6 mos

Immediate: Exhaustion; How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H E Clemmons

Address: Port Deposit

Accident or Suicide?

LIBRARY BUREAU A6361A

Name in Full: Ella S. Boulden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chesapeake City — County: Cecil

Date of death: Month: 1 — Day: 23 — 1904

Age: Years: 62 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Wilmington Del

Occupation: House Keeper — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Levi Boulden — Father's Birthplace

Mother's Maiden Name: Mary E. Bennett — Mother's Birthplace: North East

Name of person giving information: Annie M. Boulden — How related to deceased: Sister

95

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Serous apoplexy of Lungs — How long: Eight or ten years ago

Immediate: She had similar attack - This time she only lived but a few Minutes, and was when I reached her - Suffocated by the Profuse discharge — How long

Are the name, age, sex, color, date and place correctly given above?

Physician

Address: J. B. Walla M. D. Chesapeake City Md

Accident or Suicide?

LIBRARY BUREAU A43016

Name in Full: Margaret Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton; County:

Date of death 1904: Month: 1; Day: 24

Age: Years: 35; Months: ; Days:

Sex: Female

Color or Race: Black

Birthplace:

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband:

140

Father's Name: Charles Brooks

Father's Birthplace:

Mother's Maiden Name: Harriett Roberts

Mother's Birthplace:

Name of person giving Information: Robt Brooks

How related to deceased: Brother

'TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Child-Birth

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Arthur Mitchell M.D.

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A8981G

Name in Full: Albert M. Brown

CERTIFICATE OF DEATH

MARYLAND

Died ~~at~~ Town: near Earlville | County: Cecil

Date of death 1904 | Month: 1 | Day: 5 | Age: Years 2 | Months 4 | Days

Sex: male | Color or Race: white | Birthplace: Cecil Co

Married, Single or Widowed: — | Occupation: —

Name of Wife or Husband: —

Father's Name: James A Brown | Father's Birthplace: Queen annes Co

Mother's Maiden Name: Willie M. Robenson | Mother's Birthplace: Cecil Co

Name of person giving Information: Father Jas. A. Brown | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculous meningitis | How long: 190 days Three months

Immediate: — | How long: 19 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. M Crawford

Address: [redacted]

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66518

Name in Full: Mary E Calvert

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Perryville County: Cecil

Date of death 1904: Month: 1 Day: 15

Age: Years: 54 Months: Days:

Sex: Female Color or Race: White Birthplace: Cecil Co

Married, Single or Widowed: Married Occupation: Housekeeping

Name of Wife or Husband: Wm Calvert

Father's Name: Hugh Boyd Father's Birthplace: Cecil Co

Mother's Maiden Name: Sarah Pennington Mother's Birthplace: " "

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease How long: Ten Years

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. Ken. Stevens

Address: Perryville Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Joe E. Cottingham Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Cecilton | County: Cecil

Date of death 1904 | Month: 1 | Day: 25 | Age: Years: x | Months: 5 | Days: x

Sex: Male | Color or Race: Colored | Birthplace: Cecil Co.

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: x | Name of Wife or Husband: x

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joe E. Cottingham | Father's Birthplace: Va

Mother's Maiden Name: Fannie Waters | Mother's Birthplace: Cecil Co Md

Name of person giving information: Fannie Waters | How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Croup. | How long: 10 Minuets

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician: J H Black.

No Dr in attendance | Address: Cecilton Md

Accident or Suicide? | Sub Registrar

LIBRARY BUREAU

Name in Full: Thomas Fitzsimons

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cherry Hill — County: Allegany Co.

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Jan	Day: 4	Years: Age 70	Months	Days
Sex: Male	Color or Race: White			Birthplace	
Married, Single or Widowed: Widower			Occupation: Merchant		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uremia	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: B Brundage
	Address: [redacted] N. Cumb
Accident or Suicide?	

LIBRARY BUREAU A23313

Name in Full: Ina Clark Freeman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ceciltón — County: Cecil

Date of death 1904	Month	Day	Age: Years	Months	Days
	1	11	4		

Sex: Male — Color or Race: White — Birthplace: Cecil Co Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Wm H Freeman — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Black — Mother's Birthplace: Md

Name of person giving information: R M Black MD — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Laryngeal Diphtheria — How long: 10 hours

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R M Black

Address: Ceciltón Md

Accident or Suicide? —

LIBRARY BUREAU A83810

Name in Full: Joseph Burton Fryer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Colora — County: Cecil

Date of death 1904: Month: 1 — Day: 16 — Age: Years: 4 — Months: 6 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Colora Md

Married, Single or ~~Widowed~~: — Occupation: child

~~Name of Wife or Husband~~:

Father's Name: Laurent D. Fryer — Father's Birthplace: Maryland

Mother's Maiden Name: Lod Anna Belle Lovett — Mother's Birthplace: Pennsylvania

Name of person giving Information: Anna Belle Fryer — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scarlet Fever — How long: 23 days

Immediate: ~~Cause~~ Septic Peritonitis — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John La Jeunesse M.D.

Address: Rockglen Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Henry Gould

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Middle Neck; County: Cecil

Date of death 1904: Month: Jan; Day: 6

Age: Years: —; Months: 5; Days: 21

Sex: Male

Color or Race: Colored

Birthplace: 2nd Dist

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband:

Father's Name: Richard Brady

Father's Birthplace: Kent Co

Mother's Maiden Name: Cora Gould

Mother's Birthplace: Delaware

Name of person giving information: Charles Gould

How related to deceased: Grandfather

179

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown - Found dead in bed

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Howard Bratton M.D.

Address: Elkton Md

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Robert L. Gregg 4 Dish -

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Providence — County: Cecil

Date of death 1904: Month: 1 — Day: 2 — Age: Years: 3 — Months: 2 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband:

Father's Name: Robt L Gregg — Father's Birthplace: Md

Mother's Maiden Name: Sarah A. Burns — Mother's Birthplace: Md

Name of person giving Information: Robt L Gregg — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Burns — How long: 20 hours

Immediate: Burns — How long: 20 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David Mackey

Address: Lewisville Pa

Accident or Suicide? Accident

LIBRARY BUREAU A98518

93

Name in Full: Eliza Jane Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodlawn — County: Cecil

Date of death: Month: 1st — Day: 20 — Year: 1904 — Age: Years: 73 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace:

Occupation: Housekeeper — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Hall — Father's Birthplace: unknown

Mother's Maiden Name: Lydia Brown — Mother's Birthplace: unknown

Name of person giving Information: Mr E Nickle — How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Several years

Immediate: La grippe — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J E Farrow

Address: Port Deposit Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Evelyn R. Harris 4 Dist

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fair Hill; County: Cecil

Date of death 1904: Month: 1; Day: 27

Age: Years: —; Months: 1; Days: —

Sex:

Color or Race: White

Birthplace: Md

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband:

Father's Name: John Harris

Father's Birthplace: Del

Mother's Maiden Name: Estella Roberts

Mother's Birthplace: Md

Name of person giving Information: John Harris

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus

How long: Two weeks

Immediate: Marasmus

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David Mackey

Address: Lewisville Pa.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

96 Did not receive
Card until 2/25/04.

Name in Full: Sarah Elizabeth Holmes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Elkneck; County: Cecil

Date of death: Month: Jan; Day: 10; 1904

Age: Years: 46; Months: 5; Days: 2

Sex: Female

Color or Race: White

Birthplace: Elkneck

Occupation: Farmers Wife

Where Residing if not at place of death: Her Own Home

Married, Single or Widowed: Married

Name of Wife or Husband: ~~Sarah Elizabeth Holmes~~ Jacob Holmes

Father's Name: Jesse Stoops

Father's Birthplace: Cecil Co.

Mother's Maiden Name: Rebecca Foster

Mother's Birthplace: Cecil Co.

Name of person giving Information: Mrs Carrie E. Racine

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 6 days

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Custer Mitchell MD

Address: Elkton Md

Accident or Suicide?

LIBRARY BUREAU A33818

Elk

Name in Full: George H. Hyland.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North East. County: Cecil.

Date of death 1904: Month: 1st. Day: 20. Age: Years: 81. Months: 1. Days: 18.

Sex: Male. Color or Race: White. Birthplace: Elk Neck.

Married, Single or Widowed: Married. Occupation: Carpenter.

Name of Wife or Husband:

Father's Name: Joshua Hyland. Father's Birthplace: Elk Neck.

Mother's Maiden Name: Margaret Crouch. Mother's Birthplace: Elk Neck.

Name of person giving In formation: Reba Hyland. How related to deceased: Grand daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia. How long: 8 Months

Immediate: Heart. How long:

Are the name, age, sex, color, date and place correctly given above? 5th District

Signature of Physician: B. Bruce Cooper

Address: N. East

Accident, Suicide, or Homicide?

LIBRARY BUREAU A&P518

Name in Full: Sarah E. Hyland

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: North East — County: Cecil

Date of death 1904 — Month: Jan. — Day: 28

Age — Years: 79 — Months: 10 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Theodore.

Married, Single or Widowed: ~~Married~~ — Occupation: Housekeeper.

Name of Wife or Husband: George W. Hyland.

Father's Name: John Thompson — Father's Birthplace: Theodore

Mother's Maiden Name: Letitia Heath — Mother's Birthplace: Theodore.

Name of person giving information: Reba Hyland — How related to deceased: Granddaughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility — How long: 2 years

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. Burroughs M.D.

Address: [redacted] N. Ev

Accident—Suicide—Homicide

LIBRARY BUREAU 482516

Name in Full: Clara R. Jarvis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cecilton — County: Cecil

Date of death: Month: 1 — Day: 13 — 1904

Age — Years: 81 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Baltimore

Occupation: Home wife — Where Residing if not at place of death: Cecilton

Married, ~~Single~~ or Widowed — Name or Wife or Husband: Charles E Jarvis

Father's Name: Thos J. Spicer — Father's Birthplace: Baltimore

Mother's Maiden Name: Rebbecca Durham — Mother's Birthplace: Baltimore

Name of person giving Information: Chas E Jarvis — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs — How long: 12 & 18 months

Immediate: Tubercular Peritonitis — How long: three weeks

Are the name, age, sex, color, date and place correctly given above? Statement

Signature of Physician: E. M. Crawford M.D.

Address: Cecilton Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name In Full

Ruth Anna Johnson

Certificate of Death

6th Ward

Died at Town: Rising Sun County: Cecil MARYLAND

Date 1904 Month: 1 Day: 7 | Age Y.: 1 M.: D.: 14 | Native of: Md | Occupation: Infant

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife —

Father's Name Ferree Johnson | Mother's Maiden Name Anna M. Quigley

Cause of Death — Primary: Capillary Bronchitis | How long sick: 4 days

Immediate: Convulsions | Accident, Suicide, Homicide

Reported by Dr Geo. S. Dare

Address Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: James Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Almshouse — County: Cecil

Date of death 1904: Month: Jan — Day: 3 — Age: Years: 73 — Months — Days

Sex: Male — Color or Race: Color — Birthplace

Married, Single or Widowed: Married — Occupation

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Ulcer — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Warren Cupp

Address: [redacted] N. Cupp

Accident or Suicide?

LIBRARY BUREAU 688316

Name in Full: Robert H Kelly

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Blythedale — County: Cecil

Date of death 1904 — Month: 1 — Day: 26 — Years: Age 5-4 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Isle of Mason

Married, Single or Widowed: Married — Occupation: Cabinet Maker

Name of Wife or Husband: Margaret C Kelly

Father's Name: Thomas Kelly — Father's Birthplace: —

Mother's Maiden Name: Mary Kelly — Mother's Birthplace: —

Name of person giving In formation: Florence Patterson — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease — How long: 10 Years

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: To Mr Sting

Address: Perryville Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Mary Eileen Kennedy b Dist

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mechanics Valley; County:

Date of death 1904: Month: Jan; Day: 26; Years: Age 27; Months; Days

Sex: Female; Color or Race: White; Birthplace: Cecil Co

Occupation: Housework; Where Residing if not at place of death: Near Mechanics Valley

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: John Kennedy 95; Father's Birthplace: Cecil

Mother's Maiden Name: Ella [redacted] Abrams; Mother's Birthplace: Cecil

Name of person giving information: Father; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Congestion of Lungs; How long: 5 days

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B Kennedy M.D.

Address: N. Eng

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8U516

Name in Full ~~Eugene~~ Christiana Kern

CERTIFICATE OF DEATH

MARYLAND

Died Town Elkton County Cecil

Date of death 1904 Month 1 Day 25 Age Years 76 Months — Days —

TO BE ANSWERED BY NEAREST FRIEND

Sex Female Color or Race White Birthplace Germany

Married, Single or Widowed Widowed Occupation —

Name of Wife or Husband George Kern

Father's Name ~~Christian~~ 92 Father's Birthplace Germany

Mother's Maiden Name Christiane Kimerle Mother's Birthplace Germany

Name of person giving Information Eugene Feucht How related to deceased Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Catarrhal Pneumonia How long 1 week

Immediate (Heart failure) How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. Arthur Mitchell M.D.

Address Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A882218

Name in Full: Patrick Kerwin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Port Deposit — County: Cecil

Date of death 1904 — Month: 1 — Day: 7 — Age: Years 83 — Months — — Days —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Widower — Occupation:

Name of Wife or Husband: —

Father's Name: Wm Kerwin — Father's Birthplace: Ireland

Mother's Maiden Name: Mary Delany — Mother's Birthplace: "

Name of person giving information: Maggie Kerwin — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: 5 months

Immediate: Hemorrhagic — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H E Clendenin

Address: Port Deposit

Accident or ~~Suicide~~?

LIBRARY BUREAU A6551G

Name in Full: Sophia Lemmetz 2 district

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Chesapeake City; County: Cecil

Date of death 1904: Month: January; Day: 2d; Years: Age 72; Months: 11; Days: 16

Sex: Female; Color or Race: Caucasian; Birthplace: Germany

Married, Single or Widowed: Widow for each 21 years; Occupation:

Name of Wife or ~~Husband~~: ~~Sophia Lemmetz~~

Father's Name: Husbands name John Lemmetz; Father's Birthplace: German

Mother's Maiden Name: Sophia Schwarc; Mother's Birthplace: Germany

Name of person giving Information: Her son & daughter in law; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: For years Rheumatic - also bad bowel trouble; How long: General breaking

Immediate: Acute from hard labor and general debility; How long: 5 or 8 years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. K. Wallace M.D.

Address: Chesapeake City Md.

Accident or Suicide?

LIBRARY BUREAU A8881 6

Name in Full: Wm " Herbert Zorne

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Deposit; County: Cecil

Date of death 1904	Month	Day	Age	Years	Months	Days
	1	28		2	4	—

Sex: Male | Color or Race: White | Birthplace: Cecil Co

Married, Single or Widowed: — | Occupation:

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	Harvey Zorne	Father's Birthplace: Cecil Co
Mother's Maiden Name	Sarah Coulson	Mother's Birthplace: Cecil Co
Name of person giving Information	"	How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Convulsions	How long
Immediate	Convulsions	How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. E. Clemson

Address: Port Deposit

Accident or Suicide?

LIBRARY BUREAU A88810

Name in Full: Martha McCullough

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Colora — County: Cecil

Date of death: Month: Jan — Day: 14 — Year: 1904 — Age: Years: 86 — Months: 4 — Days: 13

Sex: female — Color or Race: White — Birthplace: Cecil Co Md

Occupation: — Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~ — ~~Name of Wife of Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alexander McCullough — Father's Birthplace: Md

Mother's Maiden Name: don't Know — Mother's Birthplace:

Name of person giving Information: S M McCardell — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bilateral Hemiplegia Paralysis — How long: 2 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Ernest Courtland

Address: Libertytown

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Susan C Magraw

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Perryville — County: Cecil

Date of death 1904 — Month: 1 — Day: 30 — Age: Years 64 — Months — — Days —

Sex: Female — Color or Race: White — Birthplace: Cecil Co

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Magraw 1/3 — Father's Birthplace: Cecil Co

Mother's Maiden Name: Mary A Conroy — Mother's Birthplace: Chester Co Pa

Name of person giving information: Kate Magraw — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of bladder — How long: Year

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo Mc Kenney

Address: Perryville Md

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full Lizzie Montgomery Certificate of Death

Died at Town Barksdale County Cecil MARYLAND

Date 1904 Month Jan Day 20 Age Y. 24 M. — D. — Native of Md Occupation Housewife

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband X X X X X

Wife

Father's Name Robert 28 Mother's Name Don't Know

Cause of Death: Primary Brazilan Hemmigitis How long sick 7 days

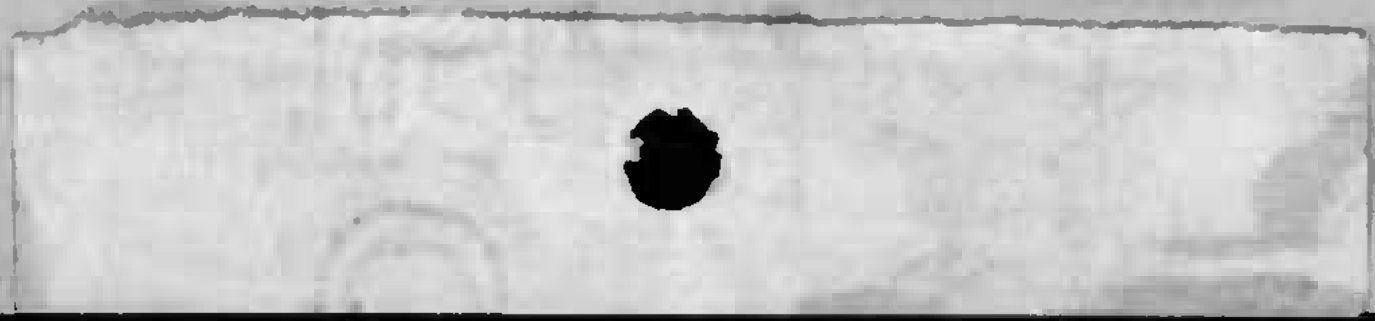
Immediate Cerebral congestion Accident, ~~Suicide, Homicide~~

Reported by Columbus Henry M.D.

Address Newark Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON



Name in Full

J Thomas Riale

Certificate of Death

6th Dist

Died at Town Farmington County Cecil MARYLAND

Date 1924 Month 1 Day 11 | Age Y. 71. M. 4 D. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband of Wife Carrie Riale

Father's Name J. Smith Riale | Mother's Maiden Name Hannah Strickland

Cause of Death — Primary Bright's Disease — How long sick 1 Yr

Immediate Acute Uremia

~~Accident, Suicide, Homicide~~

Reported by Dr Geo. S. Dare

Address Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79B98

Name in Full: Louisa Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Near Earleville (County) Cecil

Date of death	Month	Day	Years	Months	Days
1904	1	21	Age 79		

Sex: Female | Color or Race: White | Birthplace: New Jersey

Occupation: Housewife | Where Residing if not at place of death:

Married, Single or Widowed: Widowed | Name of Wife or Husband:

Father's Name: James Adams | Father's Birthplace: New Jersey

Mother's Maiden Name: Mary Adam | Mother's Birthplace:

Name of person giving In formation: Jno F Coppage | How related to deceased: None

64

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy | How long: 1 day

Immediate: " | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R M Black

Address: Centon Md

Accident or Suicide?

LIBRARY BUREAU H66516

Name in Full: Priscilla Stephenson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Deposit — County: Cecil

Date of death 190 4 — Month: 1 — Day: 5 — Age — Years: 10 — Months: 10 — Days: —

Sex: Female — Color or Race: White — Birthplace: Harford Co Md

Married, Single or Widowed: — — Occupation:

Name of Wife or Husband: —

Father's Name: Robert A Stephenson — Father's Birthplace: Harford Co Md

Mother's Maiden Name: Mary Donahoo — Mother's Birthplace: " "

Name of person giving information: Amelia Spencer — How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lumbalis — How long: 11 months

Immediate: Coma — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H E Cannon

Address: Port Deposit

Accident or Suicide?

LIBRARY BUREAU A59516

Name in Full: Joseph S. Tirrell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton; County: Cecil

Date of death 1904: Month: Jan; Day: 18; Years: Age 87; Months; Days

Sex: Male; Color or Race: White; Birthplace: Delaware

Occupation: Butcher; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of Wife or Husband: Lydia Tirrell

Father's Name: George Tirrell; Father's Birthplace: Delaware

Mother's Maiden Name: Margaret Wharn; Mother's Birthplace:

Name of person giving Information: Harriett Tirrell; How related to deceased: Daughter

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. D. Cawley

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Annie M Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elkton — County: Cecil

Date of death 190 4 — Month: Jan — Day: 8-

Age — Years: 62 — Months — Days

Sex: Female — Color or Race: white — Birthplace

Married, Single or Widowed: Widowed — Occupation

Name of Wife or Husband: Zebulan Thomas

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: R. D. Bowland — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy — How long: 3 days

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D Crowley

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU 588818

Name in Full: Margaret E Vannort

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Port Deposit — County: Cecil

Date of death 1904 — Month: 1 — Day: 24

Age — Years: 65 — Months: — Days: —

Sex: Female

Color or Race: White

Birthplace: Port Deposit Md

Married, Single or Widowed: Single

Occupation: Housekeeping

Name of Wife or Husband: —

Father's Name: John Vannort — 79

Father's Birthplace: New Jersey

Mother's Maiden Name: Elizabeth Thompson

Mother's Birthplace: Port Deposit Md

Name of person giving information: Lama Vannort

How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease — How long: 1 year

Immediate: Heart Asthma — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H E McClennon

Address: Port Deposit

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full: Margaret Washington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North East; County: Cecil

Date of death: 1904 Month: Jan. Day: 13

Age: Years: X Months: Seven Days:

Sex: Female

Color or Race: Black

Birthplace: North East

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: John Washington

Father's Birthplace: Unknown

Mother's Maiden Name: Irine Brown 93

Mother's Birthplace: Cecil Co

Name of person giving Information: Grandfather

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold

How long: 1 week

Immediate: Pneumonia

How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos A Worrall

Address: North East Md.

Accident or Suicide?

LIBRARY BUREAU A66616